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PTO/SB/01 (12-97)

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#### a valid OMB control number. I-2-158.1US Attorney Docket Number **DECLARATION FOR UTILITY OR** Misra et al. First Named Inventor **DESIGN COMPLETE IF KNOWN** PATENT APPLICATION (37 CFR 1.63) **Application Number** Filing Date ■ Declaration ☐ Declaration Submitted Submitted after Initial Group Art Unit Filing (surcharge with Initial (37 ČFR 1.16 (e)) Filing **Examiner Name** required)

[Page 1 of 2]
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# **DECLARATION** — Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.													
U.S. Parent Application or PCT Parent Number				Parent Filing Date (MM/DD/YYYY)			Parent Patent Number (if applicable)						
Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.													
As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected the requirement of the the requiremen													
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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.													
Name of Sole or First Inventor:													
Given Name (first and middle [if any])					Family Name or Surname								
Raj Mani					Misra								
Inventor's Signature										Date			
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Post Office Add	dress	358 7th Avenue, #157											
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## ADDITIONAL INVENTOR(S) Supplemental Sheet Page \_1\_ of \_1\_ DECLARATION

### Name of Additional Joint Inventor, if any: A petition has been filed for this unsigned inventor Given Name (first and middle [if any]) Family Name or Surname Gregory S. Teal Inventor's Signature Date Aston PA USA CA Residence: City Citizenship State Country 700 Cherry Tree Road, Apt. D1 **Post Office Address Post Office Address** PA 19014 **USA** Aston City State Country Name of Additional Joint Inventor, if any: A petition has been filed for this unsigned inventor Given Name (first and middle [if any]) Family Name or Surname Inventor's Signature Date Residence: City State Country Citizenship **Post Office Address Post Office Address** City State ZIP Country Name of Additional Joint Inventor, if any: A petition has been filed for this unsigned inventor Given Name (first and middle [if any]) Family Name or Surname Inventor's Signature Date Residence: City State Citizenship Country Post Office Address **Post Office Address** Country ZIP State

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